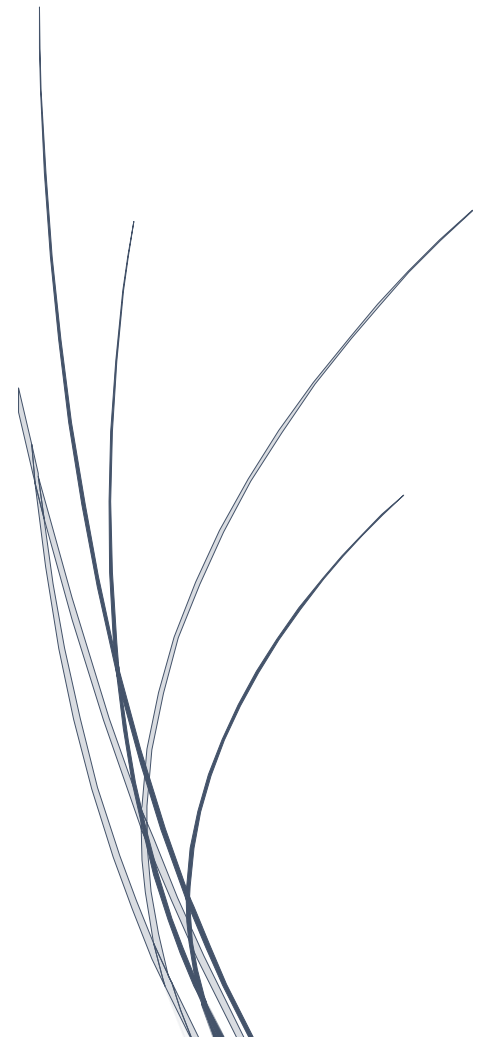


Children's Division Access to Medical Records Report

2nd Semiannual

Report for July 1, 2020 – December 31, 2020



Introduction

The Department of Social Services (the Department) oversees several programs to support the general welfare of children in the State of Missouri. The Department has established the Children's Division to administer and manage the programs for children who are in the legal custody of the state. The Children's Division promotes the well-being of Missouri children by partnering with parents, family/community members and government agencies. The Children's Division has developed specific programs to provide specialized services. These programs help strengthen families through intervention, prevention, early child care, adoption, and foster care.

Each Children's Division program is unique; however, the emphasis of this report is on the children in the "Missouri Foster Care Program." This refers to children placed away from their parents or placed in Children's Division custody for twenty-four (24)-hour care. A foster care program includes placements in: foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. When children are suddenly separated from their parents or other caregivers for entrance into the foster care system, it can be a difficult and traumatic time for families. When the child is in Children's Division custody, it is in the best interests of the child for parents, resource providers, and case managers to know that child's medical history and current information and share that medical history with those individuals who are providing care.

This report documents the commitment of the Children's Division to ensure that pertinent medical records and/or medical information for a child will be made available to appropriate members of the child's treatment and/or family support team. The child's teams may include resource providers (such as foster parents), a guardian ad litem, medical care providers, parents, and other individuals who provide support or services to a child or family. Access to medical records and/or medical information is consistent with federal and state law and Children's Division policy.

To ensure the confidentiality, maintenance of, and access to a child's medical record are consistent with applicable provisions of federal and state law, Children's Division is compliant with the Department's information security policy. The information security process was implemented to be in compliance with the federal Health Insurance Portability and Accountability Act and the State of Missouri's Sunshine Law requirements.

The term medical record is used to describe the systematic documentation of a child's medical history and plan of care. The medical record includes a variety of "notes" entered by health care providers. These notes include, but are not limited to: orders for the administration of drugs and therapies, laboratory results, treatment/service plans, and observations of the child's symptoms and/or responses to treatment. The information contained in the medical record allows health care providers to assess the child's current treatments and review previous medical history. This can increase the providers' ability to prescribe safe and effective remedies. The medical record serves as the central source for planning the child's care and documenting the provision of medical services.

The Children's Division has placed great importance on the oversight and coordination of medical/behavioral health services provided to children in its care and custody. Access to medical records is a vital and essential service for each child. The medical records can provide prescribers, the child, parent(s), placement providers, and case managers with enough information to promote the effective and efficient delivery of various medical/behavioral health treatments. This report contains Children's Division's current efforts to create access to medical records and their future plans to provide access to these records.

Current Efforts for Access to Medical Records

The Health Information Specialist team continues to communicate with case managers to promote the completion, submission and documentation of the required forms for initial and subsequent placements. An initial placement is when a child has been placed in any foster care setting for the first time since coming into the legal custody of Children's Division. A subsequent placement is when a placement change occurs after an initial placement.

The required forms for an initial placement are the [Health Care Information Summary](#) that contains information about the child's current health care needs, medications, allergies, and any significant medical/behavioral health history and the [Child/Family Health and Developmental Assessment](#), which is an in-depth review of the child's current medical status and historical information. The summary and assessment forms must be provided to the resource provider within seventy-two (72) hours whenever possible, but no later than thirty (30) days following the initial placement date.

Any subsequent placements will require a Child/Family Health and Developmental Assessment, an updated Health Care Information Summary and the [Monthly Medical Logs](#). The Monthly Medical Logs are completed by the resource provider and are provided to the case manager on a monthly basis. The logs are part of the child's medical/case file and are maintained by the resource provider. The medical file, including the assessment/summary forms and the logs, are required to be provided to any subsequent resource provider at the time of placement, but no later than seventy-two (72) hours following the placement date.

Each Health Information Specialist team has developed specific methods to establish close collaboration with case managers and their supervisors. The methods include leading discussions and trainings with staff in several judicial circuits to explain the purpose, process and importance of the assessment/summary forms and logs. The trainings consist of updating medical information in the Children's Division Family and Children Electronic System database, gathering information from parents, extended family, schools, and prior providers to ensure that resource providers receive accurate and fully completed assessments/summary forms and logs.

The implementation and utilization of the assessment/summary forms and logs are essential to ensure that Children's Division is in and maintains compliance with the requirements in [Section 210.566 RSMo](#) for allowing foster parents/resource providers full access to medical documents, if desired. The forms and logs may be discussed at home visits with foster parents, including those by licensing workers, and at Family Support Team meetings. Those meetings are held initially within seventy-two hours and again at thirty (30) days from the date of the initial placement, and regularly throughout the child's placement in foster care, and serve as opportunities for parties and other individuals focused on the child's best interests to meet and discuss the child's health and wellbeing while in foster care and to assess the family's progress toward permanency.

Due to the potential for various planned and unplanned changes in a child's health that include hospitalizations, health care appointments and examinations, Family Support Team members need to receive notification of the child's current status. An effective case plan involves all parties working together to deliver services in an efficient manner. To facilitate the sharing of information, appropriate team members may request access to the child's medical documents that are currently in the possession of Children's Division and Children's Division contractors. Some Family Support Team members can obtain medical documents directly from the medical, psychological, or psychiatric services provider; however, it is vital that any documents obtained are shared with the Children's Division staff to ensure there is a consistent effort to compile and maintain the most current full medical record.

The Children's Division continues to explore the possibility of a foster parent portal through OnBase where resource providers can view medical documents.

Future Plans for Access to Medical Records

The State of Missouri's Office of Administration has awarded a contract to Cerner Corporation to pilot a project to develop and maintain an electronic medical records system. This pilot project is between the Department of Social Services and Cerner Corporation. An integral part of the medical records system project is Cerner's Project Plan. The Plan introduces Cerner's HealtheIntent platform that will be utilized to build the Healthe Foster Children Registry and a HealtheRecord for children in foster care.

The HealtheIntent platform is a shared computing service that combines health data from different systems across the continuum of care. This platform can receive data from hospital electronic medical record (EMR), ambulatory EMR, medical/pharmacy claims, and laboratory data. HealtheIntent creates a record containing information that supports programs for decision support, quality measurement, and analytics for population management.

The primary goal of the Healthe Foster Children Registry is to build a Registry from data within the HealtheIntent platform and additional data from the: Lewis And Clark Information Exchange (LACIE Public Exchange), Medicaid Management Information System (MMIS) Claims (Wipro Infocrossing, Inc.), Cyber Access, and Family and Children Electronic System (FACES). Once the data has been integrated Cerner has forty-two (42) conditions within the Registry that can be measured to support certain healthcare decisions.

The HealtheRecord provides a longitudinal record combining clinical events and information into a single view. Items in HealtheRecord include, but are not limited to, allergies, conditions, lab results, and medication.

Cerner has indicated that the Healthe Foster Children Registry and HealtheRecord will allow the Department of Social Services to identify, score, predict risks, and manage care to guide targeted interventions for children in foster care. The pilot project will be implemented in Jackson, Clay, Platte, Cass, and Vernon counties and will continue for thirty-six (36) months.

The project is in the early stages of implementation and the Cerner project team has planned to collaborate with Department of Social Services staff to confirm goals that include planning and operational requirements. The planning requirements will focus on obtaining a basic fundamental understanding of the Department of Social Services current data formats, workflows and technology. Cerner has a project schedule that includes: data migration, project checkpoints, testing, deliverables, and training to address the operational requirements.

When the Healthe Foster Children Registry and HealtheRecord programs have been successfully tested, approved and ready for activation the Cerner team will train up to fifty (50) users. The Department of Social Services staff will determine who will receive the training and have access to the Healthe Foster Children Registry and HealtheRecord programs.

The training process begins with a Training Plan that establishes key needs, proposed training materials, and the methods for conducting and evaluating training. The training will incorporate a train-the-trainer model so that participants can, in turn, provide training to additional users. Training will emphasize the capabilities of the HealtheIntent Platform, as well as how the Healthe Foster Children Registry and HealtheRecord assist with improving the health of the designated population. Cerner's training is an ongoing process, and Cerner resources will be available for training and support as requested throughout the life of the contract. The project team will provide additional training, coaching and other services as needed before and after activation of the Healthe Foster Children Registry and HealtheRecord to measure outcomes and continuously improve the programs.

Department of Social Services is committed to developing, operating and maintaining an electronic medical records system that will provide appropriate Family Support Team members with secure access to a complete medical record for a child in foster care.